

JJR

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

OCT 12 2016 DC
10-12-16

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

SHAUNE BURNS
AKA
Robert Lee Burns

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Tom Dart
Sgt. Banks
officer Murphy
officer Matos
Director Dixon

16-cv-9698

Judge Joan H. Lefkow
Magistrate Judge Maria Valdez
PC8

COOK County ILL & Director Banks
(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)
- COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)
- OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Robert Lee Burns
B. List all aliases: Shaune Burns
C. Prisoner identification number: 20121227153
D. Place of present confinement: Cook County Jail
E. Address: 2600 S. California Chgo IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
Title: head of cook county sheriff's
Place of Employment: 2600 S. California Chgo IL 60608
- B. Defendant: Sgt. Banks
Title: Seargent
Place of Employment: 1100 S. Hamilton St Chgo ILL
- C. Defendant: officer Murphy
Title: officer
Place of Employment: Juvenile detentain center 1100 S. Hamilton

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: officer Matos

Title: officer

Place of Employment: ~~2600 S. California~~ ^{1100 S. Hamilton} Chgo IL 60608

E. Defendant: Director Dixon

Title: Director

Place of Employment 1100 S. Hamilton chgo IL 60608

F. Defendant: cook county

Title: municipality

Place of Employment cook county ILL.

G. Defendant: Banks

Title: Director

Place of Employment Hamilton chgo

Continue from Page 2

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Burns v. Dart 14-cv-7232
- B. Approximate date of filing lawsuit: 2014
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Shaunne Burns - Robert Burns
- D. List all defendants: Tom Dart I dont know the other two.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal Court
- F. Name of judge to whom case was assigned: no recollection
- G. Basic claim made: deliberate indifference ADA
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): its over
- I. Approximate date of disposition: 3-2-16

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Robert Burns v. Davies et al.
- B. Approximate date of filing lawsuit: 2012
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert Burns
- D. List all defendants: Davies & Hennings I & Hennings II
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court
- F. Name of judge to whom case was assigned: No recollection
- G. Basic claim made: deliberate indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Burns v. B Scrapo th, et al.
2:12 CV 35
- B. Approximate date of filing lawsuit: 2015
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert Burns
- D. List all defendants: AAR. Scrapo th, et al.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court
- F. Name of judge to whom case was assigned: No recollection
- G. Basic claim made: deliberate indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

- III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:
- A. Name of case and docket number: Robert Burns v. Burcich et al.
- B. Approximate date of filing lawsuit: 2012
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert Burns
- D. List all defendants: Burcich & McCaskey
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal Court
- F. Name of judge to whom case was assigned: No recollection
- G. Basic claim made: deliberate indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: Pending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Robert Burns v. Mr. Apollo, Cantle, Ivetic, Gore, Mrs. Leto, and Maria - 2:12-cv-00158-RL-PRC

B. Approximate date of filing lawsuit: 2012

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Robert Burns

D. List all defendants: Mr. Apollo, Cantle, Ivetic, Mrs. Gore, Leto and Maria

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal court

F. Name of judge to whom case was assigned: No recollection

G. Basic claim made: deliberate indifference

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending dismissed

I. Approximate date of disposition: Pending dismissed

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I've been going to the Juvenile Detention center for along time, and for along time I was told that their was no handicapped toilet for me to use, when ever I'd ask. I was gave a toilet chair to use. The toilet chair broke when I was using it, and I hurt my back/neck/ head. on occasion I fell because their was no toilet chair available. I was told that one would be their for me. This didn't happen for about two months. I was transported to Stringer by ambulance two times due to injuries from falling and hurting myself once when I was doing my best to get out of my wheel chair so I could get onto the toilet. Please note theirs no RAILS to help the handicap access the toilet. I'm also suing because theirs no ramps at the door I go in and out at the J-D-C. when going out the down theirs a drop at the door when I leave the building that hurts like Hell to my back. And the side walk is broke and is rases where the walk way is broken. going over it hurts my back a lot. I've put in grievance's about all of this but I've only got a response on the toilet. no one has gave me a response about the ramps or the side walk. Please not I've put in a grievance on the ramp and walk way on 2-15-15 and 8-10-15 to no avail. I've not got a response.

I'm suing Director Dixon because its his job to have what's wrong at 1100 S. Hamilton fixed. its been over a year and he hasn't fixed the clear way with a ramp or the side walk etc.

I'm using Tom Durt because he's ever his officers and anything his officers do falls on him. At some point he has to be informed of a grievance, if the Agents can't fix it. I've put in about (30) grievances. And that's not counting the appeals. I'm suing Sergeant Banks because she violated my rights when she didn't take me to a handicap accessible toilet on 5-4-16 and 7-22-15. Sgt. Banks and Go Murphy said that there's no handicap toilet in the building, this was on 5-5-16. And Sgt. Banks said there was not a handicap toilet in the building on 7-22-15. See on 7-22-15 I ed ask to speak Sgt. Banks because I ed asked the Go for the handicap chair and when he came back with it, it was very nasty with blood and feces on it. I told the Go said this is jail inmate Merton Miranda # 2013122607. Said to the Go man that's not right he then gave me his name and said he would be my witness and that I should put in a grievance on the officer. I then ask to speak to a sargent. the officer got Sargent Banks. I informed Sgt. Banks of what was wrong. Sgt Banks then said that there's no soap and that we have to bring soap from home. She also said there's is no handicap toilets. Sgt Banks lied when she said there's no handicap toilet in the building. I know this because on 7-5-16 I was transported to a handicap toilet for the first time and in 08 I had to go to the Juvenile Court at 1100 S. Hamilton for my son and I used the handicap toilet. I soiled my self on 5-4-16 because Sgt. Banks wouldn't transport me to a handicap toilet after I ed asked. Sgt. Banks said that the sidewalk has a order in for it to be fixed and a ramp will be put at the door I go in and out of. Its been over a year and this hasn't happen and Sgt. Banks said on many occasions also that the holding room has a order in for it to be made accessible. this didn't happen. I'm suing Go Murphy because I asked him to take me to a handicap toilet two times. I don't remember the first time he said that there's no handicap toilet in the building but on 5-4-16 he Go Murphy said I can use the toilet that's in the room it was in. the smugness of officer Murphy was dehumanizing. And their was no handicap chair available on 5-4-16 and I soiled myself. I'm suing Go Mates because he said there's no handicap toilet in the Center and he said it in front of Sgt. Banks. And Go Mates didn't take me to use a handicap toilet even after I ed informed him I needed to use one. I had to sit with soiled pants on because I was not at the Cook County Jail But on 1100 S. Hamilton the J.D.C. I soiled my self about 3:30 no one came to get me until 4:45 it was a bumpy ride back to the jail. All the defendants in this suit violated my 8th & 14th amendment rights under the Constitution they all deliberate indifference. I'm suing Cook County and all the named defendants for and because customs & practice / Policies and Deliberate indifference in regards to Health Safety and excessiveability. I've complain for over a year about the ramp and holding room not being handicap accessible. I've made my concerns known verbally to the county staff and I put in about (30) grievances and the building to date is not handicap accessible. This can't be right. the cook county have showed that the cook county dont care about its inmates. I PRAY That this court will.

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

for the court to give me a Judgement against all defendants for compensatory and puritative damages in the amount of \$ 200. 000 All individuals are sued in their individual and official capacity. And for the court to order them to put ramps and fix the Side walk and to Put rails in the holding Rooms.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 9 day of 9, 2016

Robert Lee Burns
(Signature of plaintiff or plaintiffs)

Robert Lee Burns
(Print name)

20121227153
(I.D. Number)

2600 S California Chgo IL 60608

(Address)

Inmate Shaune Burns 2012-1227153

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Per ADA Compliance Staff, inmate is advised he has exhausted administrative remedies on the issue of JTDC holding cells and the Cook County Sheriff's Office will not respond to any more grievances on that issue.

S-29-16

INMATE COPY



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Ahmed

ID Number (# de Identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

SIO adds issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Carmak Health Services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

D.O.C Admin

DATE REFERRED:

8/10/16

Mr. Burns has filed multiple grievances on the same issue, which has already been brought to the attention of Capital Planning where structural changes, if reasonable accommodations are provided. Escorting would also be acceptable to me. It is a reasonable accommodation.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE

DIV. / DEPT.

DATE:

DOA IADA 08/10/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

- GRIEVANCE SUBJECT CODE: _____
- NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE RESPONSE WAS RECEIVED
(Fecha en que la respuesta fue recibida):

8/16/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

X

X

X

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

X

X

X

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):
_____/_____/_____INMATE SIGNATURE (Firma del Preso):

X

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):
_____/_____/_____



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Dhane

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIO ADA 10000

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Detailed received response on 8/16/16

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

D.O.C. Admin 9/15/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Mr. Burns has grieved this issue on previous occasions and received a response. Accommodations are provided to overcome any difficulty he may have. Issue previously forwarded to capital planning

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Shane Burns

SIGNATURE:

DIV. / DEPT.

DOC/ADA

DATE:

09/19/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE* (Print):

Shane Burns

SIGNATURE:

DIV. / DEPT.

I / I

DATE:

I / I

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

9/120/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días, a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 9/120/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

look its been over a year and All you need to do is put a ramp at the door I go in and fix the sidewalk so I wont be in pain all the time because all of the bumping around. This cant B right and I've got no response on it

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)): _____

[Handwritten signature]

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): _____

SIGNATURE (Firma del Administrador o / su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación): _____


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)
 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

SHAUNE

ID Number (# de identificación):

2012-1227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Q10 ADA ISSUES

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

IS ADMIN

DATE REFERRED:

8/15/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SEE ATTACHED

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LFENGERSON

SIGNATURE:

DIV. / DEPT.

DATE:

8/23/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

8/23/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

- GRIEVANCE SUBJECT CODE: _____
- NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

8/29/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (S)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)): *A*ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)): *A*SIGNATURE (Firma del Administrador o / su Designado(e)): *A*DATE (Fecha): */ /*

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación): */ /*


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)
 GRIEVANCE

 NON-GRIEVANCE (REQUEST)

CONTROL #

RapR
INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (# de Identificación):

20121227153
GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIC Adds Issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

15 DAY SUBMISSION VIOLATION. INMATE BURNS RECEIVED RESPONSE ON 08.10.16.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Inmate Services
9/22/16
THIS ISSUE HAS BEEN ADDRESSED BY DOC ADMIN - AGA. STAFF PREVIOUSLY.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LFENDERSON

SIGNATURE:

DIV. / DEPT.

DOC ADMIN

DATE:

9/24/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

T/1

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

- GRIEVANCE SUBJECT CODE: _____
 NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shane Burns
DATE RESPONSE WAS RECEIVED:
 (Fecha en que la respuesta fue recibida):
9/27/16^{5B}
INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): _____

SIGNATURE (Firma del Administrador o / su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:
 (Fecha en que el Preso recibió respuesta a su apelación): _____



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert

ID Number (# de Identificación):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 G

DATE (Fecha):

2/15/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

I went to Court at the Juvenile detention center at 1100 S. Hamilton, and as always the walk way hurts my back because of all the crack and race's parts of the sidewalk that's broke. and when I got to the door there's a races steep I have to go up over to get in the building. I've said something in the past to no avail. And when I leave the building I have to drop down to the side walk and this hurts a lot also. I didn't leave the building by way of the side door this is because I got hurt in the holding cell to day I left by ambulance going to stroger. but I will have to go back to court again in the future.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

Please fix the walk way and put a ramp at the door way, not just for me but for any one with a disability. Thanks.

NAME OF STAFF OR INMATES (Print) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tienen información):

INMATE SIGNATURE (Firma del Preso):

AKA Robert Burns
Shaune Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

2/13/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shayne AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

9-20-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

2 of 2

A2

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
8-9-16	7:30	1100 S. Hamilton St Chgo. IL

a lie. if it is fixed it wasn't the last time I went to court. and if its fixed why you'd forward it to capitol planning? And if its fixed, when was it did? I have a right to know! And why didn't I get a control number for this is my 2nd grievance? I pray it's fixed. See the last time I went to court % Kilpatrick had a hard time getting me over the broken sidewalk and ever harder time at the door because I have to be lifted up to get in and dropped down going out I am 275lb.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you to give me a control number and for someone to let me know when was the sidewalk fixed? And when was ramps or a ramp provided? And for Director Dixon to response to all my Grievance's and Tom Dart.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

To Un.Said & To Kilpatrick

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shayne Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/21/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

Burns

Shaune AKA Robert Lee

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

8-9-16

TIME OF INCIDENT (Hora Del Incidente):

9:30

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

1100 S Hamilton

I put in a grievance their being no ramps at the court on 1100 S hamilton on 2-3-15 and 8-9-16 and I've not got a response on the two grievances. your action are denying me excess to the courts. This cant be right. I have a right to have a response to the two grievances. The SCOS Said a ramp will be put in and the sidewalk will be fixed long befor I put in a grievance this hasn't happen. 34 days is to long not to have a response and a year and more is wrong.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be gave a

response to the two grievances, and for you all to put a ramp at the door I go in, not just for me but all ADA inmates. I need a control number. This grievance is re-submitted. I made the issue known to Sgt Banks too.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Sgt Brown

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/15/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune

LIVING UNIT (Unidad):

3F

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DATE (Fecha):

9-20-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

1 of 2

A1

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
8-9-16	9:30	1100 S Hamilton Chgo IL

I put in a grievance on 2-15-16 8-4-16 because 1100 S. Hamilton courthouse is not handicap accessible. the door I gain has no accessible ramp and the side walk is broke and unleveled. And my back hurt more so when I'm made to go over it. and going in and out of the building without the aid of a ramp hurts like HELL. I've never got a response on any of my grievances about the ramp not being their, or the side walk. yet I received a response on 9-20-16 that Said accommodation are provided to overcome any structural barrier. I don't know what (Barrie is) is. but I think someone was saying that what's wrong is fixed. IF so that's ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) for you to give me a control number and for some one to tell me when was the side walk fixed? And when was a ramp provided? And for Director Dixon to response to all my Grievances and Tom Dart and Cook County ILL Co.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Go Unsaid Go Kilpatrick

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/21/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Cheri

CONTROL #

INMATE ID #

0648704

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: Inmate Services

060

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-11-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulário

DATE OF INCIDENT (Fecha Del Incidente):

8-4-16

TIME OF INCIDENT (Hora Del Incidente):

4:30

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div 08 3F

The ADA Lady Sabrina came to 3F and said she sent my grievance's to Capital Plaing, the grievance's was about the toilet at 1100 S. Hamilton not being handicap accessible. I've been putting in grievances for over a year and no one from Capital Plaing has ever gave me a response, This can't be right! I have a right to a response. This is a grievance not a request.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse):

to be gave a response to this and all the grievance's that was sent to capital Plaing and I need capital Plaing mailing info, and the name of the Presos

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

7/12/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #



! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT:
 OTHER: D.O.C. Administration

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-9-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría resometer una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

8-9-16

9:30 AM

1100S. Haniffon St. Chgo IL

I put in a grievance today because I'm in a lot of pain because the Court house is not handicap equipped with ramps and the walk way needs to be fix. each time I'm made to go over all the unevened walk way it hurt my back. and when going in and out of the building their's a bump going in and a drop drop going out of the door to the out side and this to hurt my back a lot. I've put in a grievance in the past to no avail as I never even got a response. this cant be right its dehumanizing - the holding cells dont have handicap equipped toilet.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Please make

1100S. Haniffon A.D.A = handicap equipped even the holding cells. its embarrassing to have to ask to be escorted to a handicap toilet.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/10/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)
! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)
GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT:
 OTHER:

INMATE INFORMATION (*Información del Preso*)PRINT - INMATE LAST NAME (*Apellido del Preso*):

Burns

PRINT - FIRST NAME (*Primer Nombre*):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

2012 B 27153

DIVISION (*División*):

08

LIVING UNIT (*Unidad*):

3F

DATE (*Fecha*):

9-22-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (*Breve Resumen de los Hechos del Preso*):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (*Fecha Del Incidente*):TIME OF INCIDENT (*Hora Del Incidente*):SPECIFIC LOCATION OF INCIDENT (*Lugar Específico Del Incidente*):

8 9-22-16 4:35 1100 S. Hamilton Chgo IL
 I went to Court on 9-22-16 and their was no Ramp at the door and the walk way going up to the door was still Broken going over it hurts my back then I had to sit and wait for the moving officers to come get me, I was out of court at 10:30 but no one came to get me to 4:30 only for me to get Back to the County and have to sit hours more when I was in Pain I have to dropdown ~~out~~ going out the door and the Brak walk way, no to be mad to sit for hours whe I get Back to the Jail B-4 getting 2 unit for you All to Put a ramp at to Door and fix the walk way and for You to give copies of all past and Present grievances to Tom Dart & Director Dixon, Director Banks and Capital Planning, And I need a control number.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (*Opción que está solicitado, Esta sección debe completarse*)

no to be mad to sit for hours whe I get Back to the Jail B-4 getting 2 unit for you All to

Put a ramp at to Door and fix the walk way and for You to give copies of all past and Present grievances to Tom Dart & Director Dixon, Director Banks and Capital Planning, And I need a control number.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información)

All the moving officers

INMATE SIGNATURE AND DATE: *(Firma del Preso/Fecha):*

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (*Print*):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/27/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (*Print*):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair
Court

GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

0048709

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Shaune Burns

DIVISION (División):

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

LIVING UNIT (Unidad):

3F

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

1-2 A1.

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
9-22-16	11:20 AM	1100 S. Hamilton St.

I went to court on 9-22-16 and I asked % Murphy if I could be excorted to a handicap accessible toilet he Said no I dont know why he Said no because the last 3 court days I was excorted to the accessible toilet. There's no sign saying ask to be excorted to a handicap toilet if you have a handicap, Like THE one that once said ask for a toilet chairs you can put it in the same place. Please note I cant sit lower than my wheel chair to do坐着 like Hell! The toilet in the room is to low for me for all my grievances to begin to Director Banks & Director Dixon For you All to Post a Sign so All officers and any one with a handicap can see it. and for you to ask all of the 3 inmate that was in the rooms with me what happened and to give me their names Thanks

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Presd/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chain
Court

GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune aka Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

LIVING UNIT (Unidad):

3F

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

2 of 2

A2.

DATE OF INCIDENT (Fecha Del Incidente)

9-22-16

TIME OF INCIDENT (Hora Del Incidente)

~1

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

1100 S. Hamilton Chicago IL

I had to wait for another officer to come and take me to a handicap toilet. And I want to late you know that I was excorted fastins that day to a handicap toilet. This was when % Murphy left. I put a grievance in on % Murphy on 5-4-16 & maybe him denying me was revenge. I almost went on my self this cant be right! Please put a sign up.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

For all my grievances to be gave to Tom Dert and Director Dixon & Director Banks. Banks and Dixon work at 1100 S. Hamilton. and I want all past and up to date grievances to be gave to all the above and Capital Planning. And can I have a control number. Thanks!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

the 3 inmates that was in the room with me

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/26/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE REVIEWED:

Inmate Shaune Burns 2012-1227153

Per ADA Compliance Staff, inmate is advised he has exhausted administrative remedies on the issue of JTDC holding cells and the Cook County Sheriff's Office will not respond to any more grievances on that issue.

8-29-16

INMATE COPY



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune

LIVING UNIT (Unidad):

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

DATE (Fecha):

5-4-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

TIME OF INCIDENT (Hora Del Incidente):

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

5-4-16

4:45

1100 S. Hamilton St. detention center.

I went to court at 1100 S. Hamilton. AT 2:35 I ask % Gipeson if she would take me to a handicap accessible toilet, she said Im not your officer, ask officer Murphy, She asked him for me He said he can use the toilet that's in the room with him. I asked Him if I see a Seargent? He didn't respond. So when % Matos got to work I ask him if I could see a seargent He ask why I told him and He got Seargent. Banks, Sgt. Banks, Said ~~order to make this room handicap accessible, and I don't know what taking so long and the toilet hasn't been replaced. Office matos said ant no accessible in the center, time 4:45.~~

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I need you All to make the holding Roomtoilet handicap accessible. for you All to speek to All of my witness. Sgt. Banks said she's sorry about all this. Sorry Just dont do it for me because I Soiled my Self. sgt.ludwig told % Herrera to get

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Michael Little, CURTISS SMITH, ANTHONY SMITH, INMATES → INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

(Nombre del personal o presos que tengan información:)

Sgt. Banks, % Matos, % Herrera, % Murphy

Michael Little, CURTISS SMITH, ANTHONY SMITH, Inmates →

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Cory Wilson

SIGNATURE:

Cory Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

5/5/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

Cory Wilson

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)GRIEVANCE FORM
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de Identificación del detenido)

20121227153

LIVING UNIT (Unidad):

3F

DATE (Fecha):

6-30-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO.(PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

1-OF-2

DATE OF INCIDENT (Fecha Del Incidente):

6-29-16

TIME OF INCIDENT (Hora Del Incidente):

11:54

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

1100 S. Hamilton St Chgo IL

I went to court at 1100 S. Hamilton St. and for a year I was told that there was no accessible toilets for the handicap, yet on 6-29-16 So I told I told this to my Attorney on 6-29-16 and he spoke to % Hosc Ebarez. I don't know what was said, but I was transported to a handicap toilet two times that day. Please note the 2nd time I ake to go % Brown was the officer I asked and he said that he didn't know what I was talking about when I asked about the handicap toilet. So I asked about if I could speak to a sergeant, he called and I was transported by % Clarke to a handicap

ACTION THAT YOU ARE REQUESTING. (Acción que esta solicitada, Esta sección debe completarse)

Sabrina has lied to me on me in the past and in some of the response in the Past Please dont late her reply.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

% EBAREZ % Brown % Clarke

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

7/5/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

Chair

! This section is to be completed by Program Services staff - ONLY!

(' Para ser llenado solo por el personal de Program Services ')

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT:
 OTHER:

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

OB

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert

ID Number (# de Identificación):

20121227153

DATE (Fecha):

3/21/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

- * Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- * Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- * Cuando una Queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría resometer una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident.
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Espécifico Del Incidente)

when I came back from Cermak Health Services after I fell and hurt my head and neck, a 10 officer gave me some clean uniform clothing, because I vomit and had a bowel movement on my self. THIS is why I believe the Doctor in Cermak didn't examine me anyway when I got back to 3A unit the same officer wouldn't let me take a shower, he made me get in my cell room. when I got to my room my cell mate said man this shirt is still on the floor, I couldn't believe it. He said officer Tracy will not give me a mop or have some one come clean it up. So I said I'm not going in the room with shit on the floor, so some other officer said like them see the mop and he didn't care. I went to 3A and I informed him that I have shit and vomit on me & need a shower & he didn't let me inform AI 10's procedure before said. Lt. made the 10 lat me shower.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tienen información:)

INMATE SIGNATURE (Firma del Preso):

Marque Bowers

Shaune Burns

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

3/21/11

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT:
 OTHER:

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune AKA Robert Lee	INMATE BOOKING NUMBER (# de Identificación del Detenido): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3F	DATE (Fecha): 6-29-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
 - Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
 - When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
 - Only one (1) issue can be grieved per form.
 - Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
 - Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
 - Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
 - Sólo una queja por formulario
- 2 - of - 2*

DATE OF INCIDENT (Fecha Del Incidente): 6-29-16	TIME OF INCIDENT (Hora Del Incidente): 11:54	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente): 1100 S. Hamilton St. Chgo IL
---	--	--

toilet. It was 4 inmates in the room that can witness this, one of the names is maurice lord. this shows you all lied to me all this time. and because of your disregard of my rights I've been dehumanize and ~~inter~~ embarrassed. This needs to be fixed not just for me but for all of the handicap, not just when I show up in court. this should be a policy and it needs to be posted for officers and inmates to see, like the sign that once said ask so if you need to use toilet chair. this sign is no longer posted.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitado, Esta sección debe completarse)

SABRINA Said that my grievance has nothing to do with this jail, and that she's sent my grievance's to 1100 S. Hamilton. I want a response on from someone over their the grievances she sent to 1100 S. Hamilton. I want you to fix what's wrong, and to let me know why I was lied to for so long. I don't want a response for sabrina she LIES.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELIGIDO PRESENTAR SU QUEJA MÁS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMPIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información)

96EBAREZ 96 Brown 96 Clarke

INMATE SIGNATURE AND DATE (Firma del Preso/fecha)

inmate maurice Lord

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

D. C. S. / 5/5/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shawne	ID Number (# de Identificación): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3 G	DATE (Fecha): 2 15 15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario del preso, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas y Respuesta / Fórmula de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podrá resometer una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident Time of Incident Specific Location of Incident
(Por Favor, Incluir): Fecha Del Incidente Hora Del Incidente Lugar Específico Del Incidente

I ask for a commode Chair when I was at the Juvenile detention center on 1100 S. Hamilton St. Chgo ILL. the officer didn't know if a chair was available he never got back to me, and I needed to go to the toilet very bad, so I did my best to get on to toilet and I had a fall because toilet area is not handicap accessible, the toilet is to low the walls has no rails to help me get on and off the toilet. I hurt my back-neck and I busted my head, and I have a knot on my head that dont look like its going away. I was told that a toilet chair will go to court with me. This did not happen, even after I ask about it I was told I have to get a order from the Doctor. This can't be right! I had to go by ambulance to Stroger. I'm in pain still.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

INMATE SIGNATURE (Firma del Preso):

AKA Robert Burns

Shawne Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

Chase

B. De

2/13/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE

 NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shane AKA Robert

ID Number (# de Identificación):

20121227153

DIVISION (División):

8

LIVING UNIT (Unidad):

3 G

DATE (Fecha):

2/5/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario del preso, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident
(Por Favor, Incluya: Fecha Del Incidente) Time of Incident
Hora Del Incidente Specific Location of Incident
Lugar Específico Del Incidente)

I. Put in a grievance on 1-24-15 about the detention center on 1100 S. Hamilton St Chgo ILL not being handicap accessible. because of this I Soiled my Self, this was very embarrassing. In the grievance I Said I'll have to go to the detention Center for Court in the future and I ask for the toilets be made accessible, this was to no avail. I received a response on 2-5-15. I wrote to and want to appeal the response because the detention Center had no Commode Chair available and I ask the officer for one, he didn't know if one was available he didn't get back to me. Also in the grievance I ask for a control number to mail.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

To be gave a control number and a appeal form so I can appeal the response I got on 2-5-15. Please note the response have some numbers on the top of the page # 0048709

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT
(Nombre del personal o presos que tienen información):

INMATE SIGNATURE (Firma del Preso):

AKR Robert Burns

Shane Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

2/10/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/15



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair
Gold

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
- GRIEVANCE
- NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
- SUPERINTENDENT: _____
- OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227753

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

2-4-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
2-4-16	7:00	Div 5 holding

To day at Cook county Jail I had court and I was put in a holding Cell, and I was Freezing from 7 to about 10 or so I told two Sergents to暖暖. one of the sgt's was Sgt. Thompson I dont know the other. you can see who he is from the video of the holding cell. I did get a coat from a Lt. this can also be seen from the video. The cold makes my ~~body~~ body hurt like Hell. I'm in a lot of Pain as I write this. this is because of my handycap, arthritis ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you All not to make me sit in a cell that's freezing for so long. and to be gave a coat before being Div 08. its not right to punish me or anyone with a wheel Chair or because they have a wheel Chair.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

LT. Thompson

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. C. S.

SIGNATURE:

D. C. S.

DATE CRW/PLATOON COUNSELOR RECEIVED:

2/6/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. C. S.

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-24-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (Hora Del Incidente) SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

8-24-15

first shift

1100 S. Hamilton

every time I go to court at ~~the~~ 1100 S. Hamilton it never takes long before I'm out of court yet I'm made to sit for many hours before some from transport comes and gets me. I was out of court to day at 12:00 but didn't get back until 7:20. my back and but hurts from sitting in the Chair for all the hours. and if I wasn't in the Chair I'd have to sit on Steel Benches for all that time.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) for a control number and not have to sit for all the hours I'm had made to wait for transport and when I get back to the county not have to wait ~~water~~ in a bull Pen for hour hours when my Unit is Right over me on the 3rd floor.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(Si elegido presentar su queja más de 2 días antes que cuando la entregó y le puso la fecha desde un principio, es necesario que cambie la fecha y incluya sus iniciales para sumitir su forma)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. W.

SIGNATURE:

D. W. J.

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/25/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE FORM INDEPENDENT REQUEST

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: D.O.C. Administration

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Burns	PRINT - FIRST NAME (Primer Nombre): Shaune AKA Robert Lee	INMATE BOOKING NUMBER (# de identificación del detenido): 2012121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3F	DATE (Fecha): 9-9-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es Insatisfactoria.
- Sólo una queja por formulario

I want this to go to the head of the county Tom Dart!

DATE OF INCIDENT (Fecha Del Incidente) Last time I went to Court don't remember	TIME OF INCIDENT (Hora Del Incidente) 12:00	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente) Court 1100 S. Hamilton
--	--	--

This is a appeal. I put in many grievances about A.D.A issues. When I went to Court 1100 S. Hamilton I ask for a toilet Chair it was very nasty. each time I ask for soap I'm told we dont have Soap. So all the inmates that use the chair dont have any soap? that's nasty and a health hazard. and it is a accommodation issue because I'm in your custody and you provide for all my needs. Just not very good in this case. I'll go to the court for Help ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) for the

Chair to be clean at the same time the toilet is clean and for soap to be made available. and to be gave a control number!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

This section is to be completed by Program Services Staff - ONLY! (*Para ser llenado solo por el personal de Program Services*)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
- GRIEVANCE
- NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
- SUPERINTENDENT: _____
- OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature
INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

ID Number (# de Identificación):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

7/22/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario del preso, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE (Por Favor, Incluir)	Date of Incident Fecha Del Incidente	Time of Incident Hora Del Incidente	Specific Location of Incident Lugar Específico Del Incidente
--	---	--	---

This is a grievance! I went to court at 1100 S. hamilton, and I asked the officer If I could use the handicapped toilet chair, and when came back with it, it was nasty, it looked like it had feces and blood on it. I ask the officer for some soap to clean the chair off, he said we don't have any soap. I showed him the feces and blood, he then said this is jail, a inmate that was in the room with me said man that's not right and he gave me his name and I.D. number. I ask the Yo if I could speak to a Sergeant. Sgt Banks come and I told her why I needed to speak with her. She said we don't have any soap and that we have to bring soap from home. She didn't know that the Yo said the only soap comes out of a Dispenser and he wouldn't get any. This can't be right.

ACTION THAT YOU ARE REQUESTING (Acción que estás solicitando)

for you all to make the holding room handicapped accessible and for soap to be made available, if soap not available then the chair is more nasty then it looked and it looked nasty very nasty!

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tienen información):

Sgt Banks

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

Miltonm Miranda # 20131229071

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

D WJ

D WJ

7/23/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/15



COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
 (Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
- GRIEVANCE
- NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
- SUPERINTENDENT: _____
- OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shayne

AKA Robert

ID Number (# de Identificación):

20121227153

DIVISION (División):

8

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

1/24/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:
(Por Favor, incluya:)Date of Incident
Fecha Del IncidenteTime of Incident
Hora Del IncidenteSpecific Location of Incident
Lugar Específico Del Incidente)

I went to court on 1-23-15 at the Juvenile Juvenile Detention Center on 1100 S. Hamilton St. Chgo ILL. I had to hold my bowel movement because the toilets was not handicap accessible and = soiled my self this was very = embarrassing. I'll have to go to the Juvenile Court in the Future and I'm asking for the toilets be made accessible. and I need a control number and this is a GRIEVANCE. also the toilets sit very Low without rails it impossible for me to get on the toilets

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

That the toilets be made accessible

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Shayne Burns

AKA Robert
Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

TMSA

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

1/26/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

GRIEVANCE NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune

Aka Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

LIVING UNIT (Unidad):

3F

DATE (Fecha):

3-5-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

2-23-16

TIME OF INCIDENT (Hora Del Incidente):

About 3:00

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Court 1100 S. hamilton chgo, IL

I hurt my back and neck and head because I fall because the handicapped toilet chair is not stable and fall over because of my weight shifting to one side because the will' chair wheels arnt stable because the wheel/barring are bad and need to be fixed or replaced I had the locks on and the chair shift to one side, and because the toilet chair is not stable I fall. note I have a very bad back and sometimes my waist a (10) plus as it was the week I went to court. I've been informing med staff for about 2 years I was give a x-ray last year and told nothings wrong with me. This can't be right

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Fix you all to make the building Room at court handicapped assesible because the officer will not take me to the public rest room, and for you all to have Soap in the rest rooms. And Fix Chair Thanks.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D Miller

SIGNATURE:

DWilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

3-6-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

J. Miller

SIGNATURE:

J. Miller

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shanice AKA Robert Lee

INMATE BOOKING NUMBER (# de Identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

10-21-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
10-21-15	10:30	Div 08 3F

This is a grievance! I went to court on 10-21-15 at Branch 64, and at 10:30 or so I ask for a toilet chair because the toilet in the cell I was in was too low and was not handicap accessible. The C/O said we don't have a chair and your in the handicap cell. I have a very bad back due to all the falls I've had at this jail, and I can't sit low without the help of handicap rolls. The cell said handicap but its anything but! I did my best to use the wall chair arms but it broke and fell and I hurt my back now so this can't be right. 555 Harlan Court.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you all to fix what's wrong. and to give me a control number. Please
 Save Vito

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): 	SIGNATURE: 	DATE CRW/PLATOON COUNSELOR RECEIVED: 10/27/15
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SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:
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INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

INMATE INFORMATION (Información del Preso)

PRINT - FIRST NAME (Primer Nombre):

Shaune

aka Robert Lee

INMATE BOOKING NUMBER (# de Identificación del detenido)

20121227153

DATE (Fecha):

8-24-15

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

8-24-15

TIME OF INCIDENT (Hora Del Incidente):

First Shift

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

1100 S. Hamilton

To day I went to Court at 1100 S. Hamilton and the handicapped toilet chair was very nasty and the toilet itself looked as if it hasn't been clean in a very long time. Officer Juarez gave me some hand sanitizer to clean of the chair, because the chair was even more nasty then then the last time I went to court. Attorney Martinez Fuentes said but they did give you a chair as if I should be happy with that, as if the nastyness Should be over looked. I don't know who's reading this but how would you like to clean up

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To have soap to use and to have to clean someone's pheices off a toilet chair, after cleaning off the chair their wasn't anything left to clean my hands with. The CO said the hand Sanitizer who was his. I didn't want to push it

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presas que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. C. J.

SIGNATURE:

D. C. J.

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/25/15

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

Push

REFERRED TO:

330

 EMERGENCY GRIEVANCE CERMAK HEALTH SERVICES GRIEVANCE SUPERINTENDENT: RCP NON-GRIEVANCE (REQUEST) OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

S

PRINT - FIRST NAME (Primer Nombre):

Shaune

LIVING UNIT (Unidad):

3F

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DATE (Fecha):

1-11-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.*
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.*
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.*
- Sólo una queja por formulario*

DATE OF INCIDENT (Fecha Del Incidente):

1-11-15

TIME OF INCIDENT (Hora Del Incidente):

About 2:00

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Diy 5 Hallway

I went to court and I had to push my self down along hallway. I asked for help because my back was hurting alot. The officer didn't help me. I even said something to a Sgt. I don't know his name because his I-D couldn't be seen. I Did get Push from court.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I need to be gave help when i ask. and I want you to keep the video and I need I contact number

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. C. S.

SIGNATURE:

D. C. S.

DATE CRW/PLATOON COUNSELOR RECEIVED:

1/12/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

Cold

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

3-23-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted; however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
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- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUÉJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

3-23-16

TIME OF INCIDENT (Hora Del Incidente):

6:30

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div 5 holding cell

this is the 4th time I was put in the holding cell and it was very cold in the cell all the officers had on coats and when I and other inmates ask for coats because we was cold the Sg said he dont have any. at 8:45 I ask a Sgt. going by he didn't even stop. 8:25 we asked a lady Sgt. She said I don't work this unit about 8:30 a % came by with 3 carts of coats we asked for coats, he said no the lady Sgt. Sabrina came by and we told her we're cold. She made the officers give us coats. The rest of your staff did not care. This can't be right and I had to push myself back.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Please have someone push me on long distance
 every thing I've said can be looked at on your video Please see it, and
 give coats to me and All inmates that'll be in the holding cell its cold.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

3/24/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


INMATE GRIEVANCE FORM *Chase*
(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

INMATE INFORMATION (Información del Preso)

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

*3F*DATE (Fecha):
2-24-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

2-23-16

TIME OF INCIDENT (Hora Del Incidente)

2:00 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

Cermak to Div 08 Hallway

I was in a lot of pain due to a fall and I was made to walk my self from Cermak to Div 08 3F. If I ask for help I feel I should get it

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be pushed any place that's long distance. And to be gave a control number. and for you to look at the video and keep it.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. J.

SIGNATURE:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

2/25/16

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

20160914

CO48793
Coda-150

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

2-2-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

1-26-16

TIME OF INCIDENT (Hora Del Incidente):

500

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div 8

my wheel chair order ran out I need it for court
 I cant walk far or stand long I'll not
 go with out my chair Because I'll be in pain.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

redo my order

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Sabrina
 The Attorney For this Jail

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. S. J.

SIGNATURE:

D. S. J.

DATE CRW/PLATOON COUNSELOR RECEIVED:

2/2/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. S. J.

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

wri

REFERRED TO:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

 CERMAK HEALTH SERVICES SUPERINTENDENT: _____ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

BURNS

PRINT - FIRST NAME (Primer Nombre):

Shayne

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121287153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

3-19-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

3-8-16

12:05

Div-08 on the ramp.

I'm grieving the fact that the wheel chair the jail gave me last its left back wheel, this was on 3-8-16, at about 12:05, in division 08, on the ramp. I hurt my back-neck-face and left arm. I had to push my self as I was told at the post that its not officer's job to push inmates; it medical. just then the moving officer came to take me to the dentist in Div. (5). I didn't make it, I wanted to, so with help I did my best to stand, but the pain in me was to much for me. My back was hurting from the start, and more so once the wheel came off. It was embarrassing and dehumanizing because your staff was laughing at me.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you to

Investigate this incident.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

S/o Aguilar

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shayne Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson X

DATE CRW/PLATOON COUNSELOR RECEIVED:

3/21/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

Breda
Back Chair

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Shayne Burns

PRINT - FIRST NAME (Primer Nombre):

Shayne

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

4-23-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

4-22-16

TIME OF INCIDENT (Hora Del Incidente):

9:30 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div 08 3F

I've had pain in my back for a long time, and on 3-8-16 the pain got much worse due to an a wheel coming off the wheelchair I was gave by the County jail. I was gave tramadol and it didn't stop the pain, but it did help. Tramadol is the only thing that's has helped. If there's a problem with me being on tramadol, give me the non-narcotic shot please! Just don't make me live with this pain. Some time my back hurt so bad I wish I was dead, this can't be right. Please HELP!

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que está solicitado, Esta sección debe completarse)

Some time to be gave something that helps the pain in my back.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tienen información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shayne Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Wilson

SIGNATURE:

Crew Bookler

DATE CRW/PLATOON COUNSELOR RECEIVED:

4/25/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO: CERMAK HEALTH SERVICES SUPERINTENDENT: RTU 3 OTHER: _____**INMATE INFORMATION (Información del Preso)**

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

4-8-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
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- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
4-5-16	900 AM	Div 8 hallway

I was Called to Cermak Health Services and I had to push my self up the ramp. If you'll look at the video you'll see I asked ~~the~~ one of the %\$ for help when I got off the Elevator and he just waved me on. You all said if I need help just ask, I did to no avail. this was 4-5-16 1st shift

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

To be gave help when I ask, because something is wrong with back it hurts a lot. Pushing my self makes it hurt's more so,

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune, Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

4/11/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair
W. H.

GRIEVANCE

NON-GRIEVANCE (REQUEST)

INMATE ID #

CONTROL #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): BURNS	PRINT - FIRST NAME (Primer Nombre): Shayne	INMATE BOOKING NUMBER (# de identificación del detenido): 20121227153
DIVISION (División): 08	LIVING UNIT (Unidad): 3F	DATE (Fecha): 3-29-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
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- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): 3-8-16	TIME OF INCIDENT (Hora Del Incidente): 12:05	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente): Div 08 Ramp
--	--	---

I got hurt on 3-8-16 when the wheel came off of the wheel chair I was gave by the jail. I hurt my back face and left arm. Please note my left arm has two screws in it, and I fell on it and the meds work for my back/ teeth/ face but not my arm. I've put in many grievance and medical request All to no avail my appointment for 3-23-16 for see doc was canceled.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

X-Rays did and to be looked at by a Doctor right away because my pain is a # 10. This can't be right!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM Chair

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Shaune Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

SF

DATE (Fecha):

12-18-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
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- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

12-18-15

TIME OF INCIDENT (Hora Del Incidente):

about 10:30

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Hall way of Div 8 end 5

I went to Cermak Health Services on the 18th that's 12-18-15 and I asked for help with the will Chair from the officer to no varil. my back was hurting a lot and it was very hard for me to Push my self. note the S/o Said he dont have to push me. when I goto court sometime they Push me and sometime they don't. this is a GRIEVANCE!

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I'd like to know if the officer's are suppose to push me or not? I'd like you all to look at the Video from the 18th that's 12-18-15. And I need a control number

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

The moving officer

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. J. S.

SIGNATURE:

D. J. S.

DATE CRW/PLATOON COUNSELOR RECEIVED:

12/28/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

D. J. S.

SIGNATURE:

D. J. S.

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

me ds
Boig
sheet

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaunc AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

4-24-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted; however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

4-24-16

TIME OF INCIDENT (Hora Del Incidente):

6:00 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div 08 3 F

my back is killing me do to a fall I had on 3-8-16, The Wheel Chair the jail gave me wheel came off and I Rehurt my back. The only medication that has ever helped the pain in back. I've put in 4 Health Service Request Forms all to no avail. I've got no Response. This cant be right!

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Please! Please! do something the pain's unbearable. Please,

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaunc Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

C. w. B. Wilson

SIGNATURE:

C. w. B. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

4/25/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

C. w. B. Wilson

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

O 8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

8-14-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas, Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter uno Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

8-9-16

10:30

1100 S. Hamilton St. Chgo IL

AT court of 1100 S. Hamilton today I didn't ask to be escorted to a handicap toilet even though I needed to go. the last time I was at the court I was made to feel like a piece of (S---). as if I was annoying them. And the nasty looks I got didn't feel good either, the looks of the officers or civilians. I felt like a monkey on display with the T-11 uniforms on. will you please fix the toilet so I can use it. I'd appreciate it a lot.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

For you all

to make to holding Room toilet handicap equipped so I dont have to feel so embarrassed from the nasty looks from the officers. This was 2nd Shift when I need to go to the toilet. the 1st time = went to court.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D Wilson

SIGNATURE:

D Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

8/15/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de Identificación del detenido):

20121227153

LIVING UNIT (Unidad):

3F

DATE (Fecha):

3-19-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría resometer una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente):

TIME OF INCIDENT (Hora Del Incidente):

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

3-8-16

12:05

Div 08 on the ramp

Something is wrong with my left arm, it's in a lot of pain due to a fall out of my wheel chair. I believed it'll get better but it has not, it's got worst, my pain is #10 and my hand is numb. There are no medical request forms on my Unit at this time. Any way I've put in about 3 and I've made this known to the nurse is when they pass out meds, all have avail.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I have two SKROWS in my left arm, and I fell on it. Pain's increasing I need to be looked at by a Doctor right away, not by a Staff member that'll just say put in a medical request forms all the nurse's have said. I'm on pain meds it works for my back-neck but not my Arms.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D-Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

3/21/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

HC

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

5-24-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

2 of 2

DATE OF INCIDENT (Fecha Del Incidente):

5-24-16

TIME OF INCIDENT (Hora Del Incidente):

about 5:00 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

Div 08 3F

AFTER all this time Sabrina now say if the responsibility of the cook county board President to make the holding cell toilet handicap accessible. This cant be right. where and when ever I go to court Im the responsibility of Cook county Sheriff officers. I said this to Sabrina and she said your right but Tom Dart dont run the detention center. So why has she been the one giving me a response to the grievances.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for some one, to inform me of the address and name of Tony Preckwinkle or who ever runs the detention center. And for all holding cells to be made handicap accessible. And for you to speak to all my witnesses for all Grievance on this.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

5/8/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMACK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido)

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3F

DATE (Fecha):

5-24-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

1 of 2

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
5-24-16	about 5:00 pm	Div 08 - 3F

on 5-24-16 about 5:00 pm the ADA Lady Sabrina Canchola Said to me Cook county Jail or Tom Dart have any thing to do with the Detention center not being handicap accessible at 1100 S Hamilton, I go to court their. This is misleading because she has respond to many of my grievances. She say in some of the responses that I know to ask officers to take Me to a accessible toilet or she'll say I know the policy. Please note I know what she say the policy is and I've asked over and over to no avail. The Grievance I put in on 5-4-16 Shows this ACTION THAT YOU ARE REQUESTING. THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) Sabrina Said she sent my grievance of 5-4-16 to the centers to who? I need for someone to inform me of the address and name of Tony Preckwinkle or who ever runs the detention center. And for all holding cells to be made handicap accessible. all for you to speak to all my witnesses on All Grievances on this.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

6/8/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

D. Wilson

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)
 GRIEVANCE

 NON-GRIEVANCE (REQUEST)

CONTROL #

Court

This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
- GRIEVANCE
- NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
- SUPERINTENDENT: _____
- OTHER: _____

Program Services Supervisor Approving Non-Grievance (Request) Signature
INMATE INFORMATION (información del Preso)PRINT - INMATE LAST NAME² (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune

AK1 Robert

ID Number (# de Identificación):

20121227153

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

7/12/15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso)

* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría resometer una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
 (Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

This is a grievance

I've been denied medical treatment from the time I got hurt at court until now. I got hurt on 7-10-15. Day is 7-12-15. I got hurt at court by Some officers and I said no right when it happenet I was avail. I got up on 7-12-15 feeling worst than the day it happen and my chest hurts when I breathe. I told the officers working the shift in the cell or gave me a med request thing is the request must be looked at until monday. I was call to C-Side Despisy I didn't see Gavin of any trauma on 7-11-15 and today in C-Side Despisy still see not see any and I had the shift staff at 11:23 nurse Humphries come to 3F and talk about all my problems and that my chest is hurting She Said Im not going to send you to court just because you say your chest hurt I saw you in the hallway with ya Sign ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando): Control number see All video now

An medical needs looked at

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tienen información):

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

7/13/15

SUPERINTENDENT / DIRECTOR/ DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

7/13/15



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Chair

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

PRINT - FIRST NAME (Primer Nombre):

Shaune

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

DIVISION (División):

08

LIVING UNIT (Unidad):

3 A

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es Insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (Hora Del Incidente) SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

11-4-15

2:00

08 3 A

This is a appeal! Please note the appeal form came to me crossed out. This is miss leading. Any way I put in a grievance on 10-21-15 because I went to court at 555 Harlan, Branch 64, and I was not able to get on the toilet because the cell had no rails, it wasn't handicap accessible. I ask for a toilet chair and the Go Said we don't have one. I ask is their a handicap toilet I can use? I was told your in the handicap cell. it was on the poor handicap cell. this was my first time going to Branch 64 so how could this response apply. and I was told I can't go to the public restroom.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

for you All to

Put rails up or have a handicap chair their and because inmates dont know how many other inmates has use the chair before him, soap needs to be made ~~AVAILALBE~~ AVAILALBE! I need a control number!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Shaune Burns

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Lucero

SIGNATURE:

D. Lucero

DATE CRW/PLATOON COUNSELOR RECEIVED:

11/07/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Burns

DIVISION (División):

08

PRINT - FIRST NAME (Primer Nombre):

Shaune AKA Robert Lee

INMATE BOOKING NUMBER (# de identificación del detenido):

20121227153

LIVING UNIT (Unidad):

3F

DATE (Fecha):

12-30-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.*
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.*
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría resometer una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.*
- Sólo una queja por formulario*

DATE OF INCIDENT (Fecha Del Incidente):

12-30-15

TIME OF INCIDENT (Hora Del Incidente):

6:06

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente):

08 3F

I need to know how much time do I have to file a Civil Claim on this Jail

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

For a copy of this to go to the Law Library and the Attorney for This Jail. And I need a control number

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

12/31/15

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2016 X 5920

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shaune

ID Number (# de Identificación):

20121727153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

350 SECURITY procedure

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

N/A

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

O8 MII Dept

DATE REFERRED: 7/18/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Division 8 RTU is a Medical Unit
that is equipped with an ADA accessible outdoor patio only
Tier 3F has had documented recreation.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Cpl. Thomas

SIGNATURE:

Cmdr. S

DIV. / DEPT.

DVS RTU

DATE:

7/19/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

Cpl. Thomas

SIGNATURE:

DIV. / DEPT.

DATE:

7/19/16

NON-GRIEVANCE / REQUEST SUBJECT CODE (Check applicable box):

- GRIEVANCE SUBJECT CODE: _____
- NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

8/3/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL (Fecha de la solicitud de la apelación del detenido):

8/3/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

There's no Room for me to do anything because its to many Inmates see video

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to stand

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

8/8/16

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el preso recibió la respuesta a su apelación):

8/9/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

20150557

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (# de Identificación):

20121777153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIO ADA ISSUE

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DOC ADMIN

DATE REFERRED: 11/18/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

*GRAB BARS HAVE BEEN INSTALLED IN THE CELL. HOWEVER,
 MR. BURNS HAS BEEN INFORMED NUMEROUS TIMES THAT IT IS THE POLICY OF
 THE CISG TO ESCORT HIM TO AN ACCESSIBLE PUBLIC RESTROOM IF HE MAKES
 THE REQUEST.*

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

DOC ADA

11/18/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

11/18/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida)

Shane Burns

11/18/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the Inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 11/18/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I did ask to be escorted to an accessible Rest Room and was told I was in a Handicap Cell.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(Apelación del detenido aceptada por el administrador o/su designado(a))

Yes (Sí)

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o / su designado(a)): *On initial Response + Stand. R/DO cannot substantiate or deny verbal/oval exchange with staff*ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): *J Mueller*

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

11/30/15

INMATE SIGNATURE (Firma del Preso): *Shane Burns*DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su elección)

12/2/15

Hello

My name is Robert L. Burns
I'm in jail as Shaune Burns. I am writing to you seeking
Legal representation because I've been going to 1100 S.
Hamilton Chgo IL because my kid has a case their.
I've put in grievances for over a year because the holding room
toilet has no hand rails. I'd ask the working % if I could be
excorted to a accessible toilet. Some time the responses would
be theirs no accessible toilets in the building or we can't take
you to it because your an inmate. So after more then a year
I was gave a toilet chair and it brok when I was doing
my best to get on it I had to be excorted to strager
by ambulance. And one time I fell and hurt my self because their
was no rails to help me frome the chair to the toilet and I did
my best to use my wheel chair and because of my reate I
went over and the chair fell on top of me. That was
after I'd asked to be excorted to a handicap toilet to no
avail. this was my 2nd time going to strager by ambulance.
Also I've put in grievances because the building has no ramps at
the door I go in and out of. when I go out there's a drop and this
hurts my back a lot. and the sidewalk going up to the door is broke
in some spots and going over the bad spots hurts my back also.
Please note for the last 3 months I've been excorted to a handicap
toilet. So I was lied to all the tim before that. also Please note
not all of the officers know to take me to a handicap toilet when
I ask, because the last time I went to court at 1100 S. Hamilton
I'd asked % murphy If he'd take me to a handicap toilet and

he said no, their was other inmates in the room with me raping with one another and they to hard him say no. I did get to go when the other % came to relieve % murphy.

I'm going to put in a grievance about it. by the time you get this letter I would have put the grievance in. this will be to no avail because on 8-29-16 I got a letter . Per compliance staff, that said inmate is advised he has exhausted administrative remedies on the issue of J-TDC holding cell and the cook county sheriffs office will not respond to any more grievances on that issue. as for the ramps and sidewalk going into the Juvenile detention center the issue is the same. Sir I'd appreciate A response from you regarding my plea for help in writing at your earliest convenience. I would also appreciate if you cannot assist me with this case, If you would refer my case to a lawyer or law firm that might assist me. your time, cooperation, & consideration are highly appreciated regarding this matter.

P.S. I put in grievances for two weeks because my wheel chair the jail gave me had a bad wheel, to no avail. so one day I was made to push ~~my~~ self up the ramp going to cermak Health services and the wheel came off and I hit my face and hurt my back I've been on tramadol from that time to now. this was on 3-8-16.

Respectfully
Robert Lee Burns AKA
Shaune Burns

HELLO

My NAME is Robert L. Burns.

I'm in Jail as Shaun Burns. I'm writing to you seeking Legal representation because I've been going to court at 1100 S. Hamilton and I've put in about (30) grievances because I was told for over a year that the building don't have a handicap toilet, see I'm in a wheel chair due to a very bad back and I had a stroke. I fell going from my chair to the toilet because the holding room toilet don't have handicap rails, and the toilet is to low. I hurt my back/neck and I ~~had~~ use the toilet on my self number (2). So after that the jail staff gave me a toilet chair to use and it fell when I was going from the ^{wheel} chair to the the toilet chair. I hurt my self two times and I had to be excorted to strager the two times.

I've put in over 28 grievances and I've got response and control numbers. Also 1100 S. Hamilton has no ramps and this hurts my back a lot. I've put in grievances for over a year to no avail. Please see Ex's.

Also ~~I~~ put in grievances because the wheel chair the jail gave me had a bad wheel. about (3) weeks latter the wheel came off when I was made to push my self up the ramp. when the wheel came off I hit my face and hurt my back. If you will help me please late me know if not Please late me know. If not Please mail legal work back. your time is appreciated Sir!

Respectfully
Robert Lee Burns AKA
Shaune Burns #20121227153
PO Box 089002 Chgo IL 60608



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

GRIEVANCE NON-GRIEVANCE (REQUEST)
CONTROL #

2016 3 14

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (# de Identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190 medical prescription

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

Cermak

2/2/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

(1) heel chain moderate long distance only.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

2/17/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

2/17/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

Shane Burns

2/25/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 1/1/16

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I know that if I can stand very long and I cant walk far

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(Apelación del detenido aceptada por el administrador o/su designado(a))Yes (Si) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a))

No

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): Susan Shabel

SIGNATURE (Firma del Administrador o/su Designado(a)): Susan Shabel

DATE (Fecha): 3/24/16

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación): 3/24/16

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso/Respuesta/Forma de Apelación)

Chair

GRIEVANCE NON-GRIEVANCE (REQUEST)
CONTROL #

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

BURNS

Shane

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330. Security Procedures

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

Reps Out

12/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

This matter will be looked into. If it will be referred to assist handling matters when response is made.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

RTC

1/14/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

1/14/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

Shane Burns

1/15/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(Apelación del detenido aceptada por el administrador o/su designado(a))Yes (Si) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a))

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): _____

SIGNATURE (Firma del Administrador o/su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación): _____



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

WY8101 Rush

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2016X 1844

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

O.D.A. ADA ACCOMMODATION ISSUES

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

N/A

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED: 3/5/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

In the absence of structural barriers, assistance will be provided upon request. Insufficient information to prove or disprove Burns requested assistance.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SHERIFF CAHILL

SIGNATURE:

DIV. / DEPT.

DATE:

OOC-ADA

03/15/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE RESPONSE WAS RECEIVED
(Fecha en que la respuesta fue recibida):

3/18/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):

3/18/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

The ADA Lady said someone is to push me and the C/o's say someone from the med Staff is the one to push me.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No (No)

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

Original Response to Stand.

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): J MuellerSIGNATURE (Firma del Administrador o / su Designado(a)): J

DATE (Fecha):

3/22/16

INMATE SIGNATURE (Firma del Preso): Shane BurnsDATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

3/22/16

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)
 CONTROL #
 N/09

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

2012-1027153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 Medical Treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (If applicable):

You have upcoming appointments with physical medicine + Rehab PT and primary care. Please reschedule your appointments (you currently have a medical order for you).

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED: 04/03/2015

RESPONSE BY PERSONNEL/HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE: 5/1/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): ____ / ____ / ____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o/su designado(a)?

 Yes (Sí) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a)):

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): _____

SIGNATURE (Firma del Administrador o/su Designado(a)): _____

DATE (Fecha): ____ / ____ / ____

INMATE SIGNATURE (Firma del Preso): _____

 DATE INMATE RECEIVED APPEAL RESPONSE
 (Fecha en que el preso recibió respuesta a su apelación):
 ____ / ____ / ____

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación) GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2016-2457

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (# de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330 Security procedure

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Geriatric Health services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Please complete a request form to your CRW if a replacement wheelchair is needed. Staff required to conduct themselves in a professional manner and to treat all detainees w/ respect. Also, if 3

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Shane Burns

SIGNATURE:

(Shane Burns)

DIV. / DEPT.

RIV

DATE REFERRED:

3/21/16

DATE:

3/24/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

Shane Burns

SIGNATURE:

(Shane Burns)

DIV. / DEPT.

RIV

DATE:

3/24/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

3/30/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I did late my CRW twice and medical staff, and officers on every shift. All to no avail.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(Apelación del detenido aceptada por el administrador o su designado(a))

Yes (Sí)

No



ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)): _____

Our initial Response to Stand - Please resubmit your request to the CRW for handling.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)): _____

SIGNATURE (Firma del Administrador o su Designado(a)): _____

DATE (Fecha): _____

4/12/16

INMATE SIGNATURE (Firma del Preso): _____

Shane Burns

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

4/15/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

GRIEVANCE NON-GRIEVANCE (REQUEST)
 CONTROL #

NIA

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Burns

Dawn

2001227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

190 - Medical Prescription

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

N/A

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

13/14/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

You have an appointment for an orthotic, not giles. Please discuss at your Physical Therapy appt next week. You also have a doctor appt next week too.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

31/24/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(Apelación del detenido aceptada por el administrador o/su designado(a))?

Yes (Sí) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a)): _____

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): _____

SIGNATURE (Firma del Administrador o/su Designado(a)): _____

DATE (Fecha): _____ / _____ / _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación): _____ / _____ / _____

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)

GRIEVANCE NON-GRIEVANCE (REQUEST)
CONTROL #

INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso/Respuesta/Forma de Apelación)

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso): <i>Burns</i>	INMATE FIRST NAME (Primer Nombre): <i>Shaunc</i>	ID Number (# de Identificación): <i>20121007153</i>
--	---	--

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIO ADA ISSUES

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

*DOC Admin**1/26/15*

RESPONSE BY PERSONNEL HANDLING REFERRAL:

A Commodo chair is available in the Juvenile Detention Center.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

*Marcus Burns*SIGNATURE:
Marcus Burns

DIV./DEPT.

DATE:

01/03/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

*Marcus Burns*SIGNATURE:
Marcus Burns

DIV./DEPT.

DATE:

1/1/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shaunc Burns

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida)

2/03/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): *1/1/15*

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(Apelación del detenido aceptada por el administrador o/su designado(a))Yes (Sí) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a))

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)): _____

DATE (Fecha): *1/1/15*

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación): *1/1/15*



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

Chair

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

WIR

INMATE INFORMATION (Información del Preso)			
INMATE LAST NAME (Apellido del Preso): BURNS	INMATE FIRST NAME (Primer Nombre): Shane	ID Number (# de Identificación): A0010227453	
GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)			
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT: Code 010 A.O.A Waive			
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable): [Redacted]			
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health services, Personnel): Mr. Burns		DATE REFERRED: 10/23/15	
RESPONSIBLE PERSONNEL HANDLING REFERRAL: Mr. Burns has been advised on numerous occasions to notify court services staff when he is having trouble accessing the cell toilet, and they will escort him to an accessible public restroom.			
PERSONNEL RESPONDING TO GRIEVANCE (Print): SABRINA CANCHOLA	SIGNATURE: 	DIV. / DEPT.: DOC-ADA	DATE: 10/30/15
Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.			
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): 3210	SIGNATURE: 	DIV. / DEPT.: 1	DATE: 1
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box): <input type="checkbox"/> GRIEVANCE SUBJECT CODE: _____		INMATE SIGNATURE (Firma del Preso): 	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida): 11/4/15
INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)			
<p>* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response. Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.</p>			
DATE OF INMATE'S REQUEST FOR AN APPEAL (Fecha de la solicitud de la apelación del detenido): 3210			
INMATE'S BASIS FOR AN APPEAL (Bases del detenido para una apelación): 3210			
ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Apelación del detenido aceptada por el administrador o su designado(a)?			
		Yes (Sí): <input type="checkbox"/>	No: <input type="checkbox"/>
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)): _____			
ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)): _____		SIGNATURE (Firma del Administrador o / su Designado(a)): _____	DATE (Fecha): _____
INMATE SIGNATURE (Firma del Preso): _____		DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibió respuesta a su apelación): _____	



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

Court 5-4-16

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2016-5244

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso): Burns

INMATE FIRST NAME (Primer Nombre): Shane

ID Number (# de Identificación): 20131227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 - ADA ISSUES

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel): Doc Admin

DATE REFERRED: 5/16/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Portable Toilet chairs have been removed from
 DTW. Mr. Burns is aware of the CISO Policy and Procedure
 leaving him to be restricted to an accessible stall in a room

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

Doc ADA 05/16/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida)

5/20/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelación del detenido): 5/20/16

INMATE'S BASIS FOR AN APPEAL: (Basis del detenido para una apelación):

They're going to ask the officer for a toilet Chair in the holding room that the Policy Posted,
 why is a single stall for a chair? All im aware of is you say one thing and
 another thing happens when I ask to go to a accessible restroom, ask all the
 witnesses in my grievance on 5-4-16. I ask Sgt. Banks and 3 G's to no
 avail. I have bowel movement on my SELF. This can't be right.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No (No)

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)).

Original Response to Stand.

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha): 6/23/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación)

5/25/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2016 X 1888

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

BURNS

Shaune

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

TOO ADA ISSUE

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

1/1

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED: 3/6/16

RESPONSE BY PERSONNEL HANDLING REFERRAL: MR. BURNS REPEATEDLY REFUSES TO EXERCISE THE OPTION OF BEING ESCORTED TO A PUBLIC ACCESSIBLE PUBLIC RESTROOM. AVAILABLE EQUIPMENT CONTRADICTS MR. BURNS ACCUSATION THAT STAFF WOULD NOT ESCORT HIM TO AN ACCESSIBLE RESTROOM CONCERNING PEGARDING THE HOLDING CELL HAVE BEEN FORWARDED TO CAPITAL

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SERINA CANCHELA

SIGNATURE:

SC

DIV. / DEPT.

DATE:

114/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

DARIA MCKEE

SIGNATURE:

DM

DIV. / DEPT.

DATE:

3/18/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE RESPONSE WAS RECEIVED (Fecha en que la respuesta fue recibida):

3/18/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelación del detenido):

3/18/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

This is a lie. as I said before the officer Said I can't be escorted to the Public rest rooms. if what you say is true then why did the go give me the toilet chair? you say one thing but the Cop do another this can't be right fix it!

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Sí)



ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)):

Original Response to Stand

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

J. Miller

SIGNATURE (Firma del Administrador o / su Designado(a)):

JM

DATE (Fecha):

3/22/16

INMATE SIGNATURE (Firma del Preso):

Shaune Burns

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

3/20/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (Número de identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE.)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIS ADA issue

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

Treasurerly filed refer to grievance #
201655981. Referral date 7/5/16 response
(Pending).

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Carmak Health services, Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL:

See above

PERSONNEL RESPONDING TO GRIEVANCE (Print):

V. Mullen

SIGNATURE:

DIV. / DEPT.

DATE:

15

7/12/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

1/1/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____
 NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Shane Burns

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

7/14/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL:
¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)): _____

SIGNATURE (Firma del Administrador o su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación): _____


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)
 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

20165548

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

Shane

ID Number (# de Identificación):

2021227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 ADA Issues

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON-COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cook Health Services Personnel):

RESPONSE BY PERSONNEL HANDLING REFERRAL: *This grievance has been addressed in multiple previous D.O.C. Administrations.*
 ID# 3012015: NGR; 7/14/16 control # 2016x 1888; 5/16/16 control # 2016x 3846,
 and 6/10/16 NGR. Your concerns were forwarded to capital planning.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Suzanne Andrade

SIGNATURE: *[Signature]*

DIV. / DEPT:

DOCA/ADA

DATE REFERRED:

8/6/16

DATE:

7/11/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

*Shane Burns*DATE RESPONSE WAS RECEIVED
(Fecha en que la respuesta fue recibida):

7/14/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
& Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o / su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): _____

SIGNATURE (Firma del Administrador o / su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación): _____

COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)



GRIEVANCE NON-GRIEVANCE (REQUEST)
 CONTROL #

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Burns

Shane

00121227/53

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010 ADA ISSUES

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (If applicable):

Please see attachments regarding inmate's previous submission. Response received 3/5/15. DIO

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Dermak Health Services, Personnel):

DATE REFERRED:

DOC Admin

01/19/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Please See response to control # 2015x0782. MR. Burns is removed again to inform officers if he cannot use the bathroom and he will be secured to an accessible toilet. Also, a commode chair is available.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

02/23/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED

(Fecha en que la respuesta fue recibida)

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

Shane Burns

2/27/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

2/27/15

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I did to no Avail.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 (¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Sí) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a))

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): _____

SIGNATURE (Firma del Administrador o/su Designado(a)): _____

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE
 (Fecha en que el preso recibió respuesta a su apelación):

/ /

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)
 CONTROL #

EDIS + OICL

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

X Burns

Shaune

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIO ADA ISSUES

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

Inmate is not in agreement with previous response (please see attachment).

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DOC ADMIN

DATE REFERRED: 2/10/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Mr. Burns was told during a call, he was taken to the infirmary to see an officer to treat him to an infection to his arm. I informed that was wrong. Mr. Burns was not to believe that he fell, not the one hit himself. He received medical treatment.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

2/19/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

2/19/15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida): GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

Shaune Burns 3/4/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 3/4/15

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I appeal because I do under stand
Response

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si)

No (No)

(Apelación del detenido aceptada por el administrador o/su designado(a))

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a))

Original Response to Stand.

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): *J. Mueller*SIGNATURE (Firma del Administrador o/su Designado(a)): *J. Mueller*

DATE (Fecha): 3/9/15

INMATE SIGNATURE (Firma del Preso): *X Shaune Burns*DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación): 3/25/15


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)
 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (Número de Identificación):

Burns

Dhaine

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

OIO A.D.A issued

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

7/23/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

D.O.C admin
Staff will be advised to ensure Facilities
Management is informed of cleaning
needs & supplies.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

Theresa Oshoawee & C.R.

HHR/SOS

7/31/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

over

DATE OF INMATE'S REQUEST FOR AN APPEAL (Fecha de la solicitud de la apelación del detenido): _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
¿Apelación del detenido aceptada por el administrador o su designado(a)?
Yes (Sí) No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)): _____

SIGNATURE (Firma del Administrador o su Designado(a)): _____

DATE (Fecha): _____ / _____ / _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación): _____ / _____ / _____



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

A/11

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

BURNS

INMATE FIRST NAME (Primer Nombre):

Shayne

ID Number (# de Identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

00- ADA Accommodation Issues

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

DOC Admin

3/17/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

This issue is outside the permissible time for grievance and was
addressed three previous times in relation to ZCIS X 0702.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Matthew Morris

Matthew Morris

03/18/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

 GRIEVANCE SUBJECT CODE: _____ NON-GRIEVANCE SUBJECT CODE: _____

X Shayne Burns

3/25/15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): _____

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(Apelación del detenido aceptada por el administrador o/su designado(a))

Yes (Si) No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a))

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): _____

SIGNATURE (Firma del Administrador o/su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)
 GRIEVANCE

 NON-GRIEVANCE (REQUEST)

CONTROL #

20154352

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Burns

INMATE FIRST NAME (Primer Nombre):

Shaune

ID Number (# de Identificación):

20121227153

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

350 Transportations issues.

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED: 8/25/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Ex. O.P.S Dept
Since we have hundred's of late - Pick-ups per
Day we have + Pick-up in Group which may delay Pick-ups

PERSONNEL RESPONDING TO GRIEVANCE (Primer nombre):

SIGNATURE:

DIV. / DEPT.

DATE:

Ex. O.P.S

8/27/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Primer nombre):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida): GRIEVANCE SUBJECT CODE: _____

Shaune Burns

9/2/15

NON-GRIEVANCE SUBJECT CODE: _____

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): _____ / _____ / _____

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

_____ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)): _____

SIGNATURE (Firma del Administrador o su Designado(a)): _____

DATE (Fecha): _____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación): _____

